



The Building Bridges Initiative (BBI): Advancing Partnerships. Improving Lives.

Louisiana Building Bridges Initiative: Transforming Residential Interventions Toward Sustained Positive Outcomes

June 30, 2015

Presented by:

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LA MEETS LA

(Bill's Background and Experiences)

Presentation Overview

What the Future Will Look Like In The Next 3-5 Years

My LA (Los Angeles) Experience

Critical Practice Elements Leading to Positive Outcomes

Strategies to Overcome Transformational Challenges

Key Questions For Louisiana

What Does the Future Look Like





20 Trends^{*}

- 1. Expecting less money from local, state and federal governments.**
- 2. Service purchasers increasingly want to buy results and not services.**
- 3. Emphasis on durable results that can be sustained for 6 – 12 months.**
- 4. Movement from child-centered to family-focused service delivery.**
- 5. Faster moves toward permanency for children not returning home.**

*** From Tom Woll's 40 Trends Report, January 2014**



20 Trends Continued

- 6. Engagement seen as the means and family stability as the goal.**
- 7. Re-emergence of an emphasis on Maslow's hierarchy of needs.**
- 8. Emphasis on meeting safety and security needs as well as clinical needs.**
- 9. Emphasis on making connections to existing community resources.**
- 10. Emphasis on helping to build natural support networks for families.**



20 Trends Continued

- 11. Emphasis on helping working poor parents to get better paying jobs.**
- 12. Emerging emphasis on healing and wellness as the desired end results.**
- 13. Care coordination and continuity of care seen as essential services.**
- 14. Push to redesign existing services to ensure more durable results.**
- 15. Emphasis on community-based and not campus-based service delivery.**



20 Trends Continued

- 16. Emphasis on shorter durations of service whenever possible.**
- 17. Emphasis on continuing to reduce the use of out-of-home care services.**
- 18. Emphasis on using out of home care primarily for crisis stabilization.**
- 19. Collaborative relationships with primary healthcare providers.**
- 20. Public sector looking for “solution-finding partners.”**

My LA/CA Experience

- Organizational Background
 - Niche Residential Program
 - Concerns of What Managed Care Would Mean
 - Strategy to Address Concerns
- Changing the Metaphor of Placement
 - Transformational to Agency
 - Challenges



In 1994

- 60 Bed Residential Program — DCFS/PROBATION/EDUCATION Placements
- Some Beginning Family Work — Picnics/Campus Visits/Home Visits
- Began Building an Array of Community Based Services

In 2000

- Became a Wraparound Agency
- Hired Parent Partner (Peer to Peer Support)
- Began Utilizing Wraparound Philosophy Through Out All Our Programs/Services
- Built Parent Partner Program
- Introduced Parent Partner Into Residential Milieu — Key Step in Transforming Values & Beliefs

In 2004

- Introduced ResWrap

In 2005

- Merger
- 187 Residential Beds
- Added a former Parent Consumer to Board of Directors

In 2010

- 34 Residential Beds
- Began Residentially Based Services - (Demonstration Project)

Changing the Metaphor of Placement The Transformation of a Residential Program Key Issues in Change

Environmental changes

- Lack of fiscal resources
- Lawsuits
- Rate Reform
- Growth in community based services

National Accreditation – JCAHO

- Changed our organization
- Data driven decision making
- Performance Improvement focus
- 2010 began Performance Excellence Project – quest for state/national quality award

Agency-wide implementation of Wraparound Philosophy

- Wrap started in 2000
- Strength based
- Families as partners
- Development of Child and Family Team
- No difference from kids in residential – getting better outcomes in community

Building Bridges Initiative

- Values and Principles continued to drive change
- Adapted by state Association
- Adapted into RBS in Los Angeles

Changing the Metaphor of Placement The Transformation of a Residential Program Key Issues in Change

Introduction of Parent Partners

- From 1 to 40

Res/Wrap – Homeward Bound Pilot

- Combining a RTF with Wraparound Philosophy – importance of Child and Family Team
- Implemented Res/Wrap in LA County in 2004
- Four agency pilot
- Each model varied slightly in approach, but contained core elements
- Funded through agency wraparound reserves
- Achieved LOS of 9 months

Family Search and Engagement

- Detective to identified staff

Directive Supervision

- Focus on precision of intervention

Created a Core Practice Model (see appendix for LA Model)

- Eventually a County and Statewide Model Created



My LA/CA Experience continued

- RBS (Residentially Based Services) (see appendix for more details)
 - CA Demonstration project
- CCR Reform
 - CA Reform Effort



The RBS Reform Coalition
RECONNECTING CHILDREN, FAMILIES AND COMMUNITIES

Residentially Based Services Reform in California

Values

- Children Belong at Home in Their Community
- Families are Experts on Themselves and Their Children
- Family Culture is Acknowledged and Honored
- Planning and Treatment are Individualized and Strengths-based
- Family Involvement and Connections are Essential
- Strong Communities Make Strong Families
- Whatever It Takes



Benefits to Child and Family

- One Child and Family Team Across all Environments
- Care Planning Unifies Residential and Community Treatment
- Family Search, Engagement, Preparation and Support from Day 1
- Building Life Long Connections and Natural Supports from Day 1
- Concurrent Community Work While in Residential
- 24/7 Mobile Crisis Support When in Community Phase
- Crisis Stabilization Without Replacement (14 days)
- Respite in the Community



CCR REFORM

- In September 2012, the California Department of Social Services (CDSS) in partnership with the County Welfare Directors Association of California (CWDA) launched the Continuum of Care Reform (CCR) effort. Authorized through Senate Bill (SB) 1013 (Statutes of 2012), the CCR will develop recommended revisions to the state's current rate setting system, services and programs serving children and families in the continuum of Aid to Families with Dependent Children – Foster Care (AFDC-FC) eligible placement settings.
- Through the CCR efforts, a detailed action plan will be developed and provided to the California Legislature by October 1, 2014. This action plan will include information on current reform improvements made administratively and recommended revisions to improve the Continuum of Care through legislative action.



Critical Practice Elements

- **Family Driven & Youth Guided Care**
- Cultural & Linguistic Competence
- Clinical Excellence & Quality Standards
- Accessibility & Community Involvement
- Transition Planning & Services (between settings & from youth to adulthood)
- End Point & Level Systems
- Reduce Seclusion & Restraints



Overcoming Barriers To Change

- Education
 - Of Board and Staff on the Changing Environment
- Training & Supervision
 - Of Clinical Staff in Family Systems and All Staff in Trauma Informed Care
- Hire Peer to Peer Support
 - Parents as Employees
 - Youth as Employees
- Develop Flexible Fiscal, Policy and Practice Models
 - To Support Residential as a short-term Intervention, w/ long-term support in community
- Measure the Data e.g.
 - Outcomes
 - Permanency
 - Seclusions/Restraints
 - Length of Stay
 - Rates of Re-Entry to Residential
 - Client Satisfaction



Group Discussion

BBI is Intended to Support Residential Programs and States in transforming to Best Practices and Positive Outcomes for Children and Families

What are Your Ideas On:



- What can BBI do to Support Louisiana programs?
- What can BBI do to Support the State of Louisiana?



Appendix

- Los Angeles Core Practice Model
- RBS Program Details
- Contact Information

Shared Core Practice Model: Framework and Vision

The Los Angeles Departments of Children and Family Services, Mental Health and Probation developed a shared model of practice to better integrate services and supports for children, youth, families and communities. Our purpose is to provide responsive, efficient, and high-quality services that promote safety, permanence, well-being and self-sufficiency. Our approach and commitment are grounded in the crucial elements of community partnership, teamwork, cultural competence, respect, accountability, continuous quality improvement and best practice.



Our Values and Guiding Principles

Value: Child Protection & Safety

Guiding Principle: All children and youth have the right to live in a safe environment, free from abuse, and neglect. We work to achieve this without an over-reliance on out-of-home care and while ensuring the safety of children and youth temporarily residing in these settings.

Value: Permanence: Lifelong, Loving, Families

Guiding Principle: Children and youth need and are entitled to a safe, nurturing and permanent family environment ideally in their own home. When temporary out-of-home placement is necessary, it is time-limited, child needs-specific, the least restrictive, most family-like environment, with appropriate cultural and community supports, and focused on permanence and/or rehabilitation.

Value: Strengthening Child & Family Well-Being and Self Sufficiency

Guiding Principle: Identifying the unique strengths of children, youth and families allows services and supports to be individualized and tailored. All interactions and interventions with children, youth and families must be responsive to the trauma and loss they may have experienced.

Value: Child Focused Practice

Guiding Principle: Integrated assessments that focus on the child's individualized, underlying needs and strengths, provide the best guide to effective intervention and lasting change.

Value: Family-Centered Practice

Guiding Principle: All families have unique strengths. They deserve a voice and choice in decisions about how to best meet their children's needs. This approach helps us develop and implement strategies that create long-lasting change and promotes self-sufficiency.

Our Values and Guiding Principles Continued

Value: Community-Based Partnerships

Guiding Principle: Services and interventions for children, youth and family are delivered collaboratively by agencies, providers, community and informal supports (extended family, faith-based organizations, cultural and community groups and others) in order to meet each family's needs.

Value: Cultural Competency

Guiding Principle: We maintain an attitude of cultural humility; recognizing that the cultural, ethnic and spiritual roots of the child, youth and family are a valuable part of their identity. We actively seek to reduce racial disproportionality and to eliminate disparities within the many systems that touch the lives of the families we serve. Our service delivery approach seeks to honor and respect the beliefs and values of all families.

Value: Promising Practice and Continuous Learning

Guiding Principle: We commit to developing an environment of continuous listening and learning and to ensuring that policy and practice decisions are based on reliable data as well as evidence, research and feedback.



The Practice Wheel: Our Shared Core Practice Model in Action - Our values and guiding principles are applied through a set of practice activities, best depicted by the Practice Wheel.



Engaging is the practice of creating trustful working relationships with the child and their family by increasing their participation, validating their unique cultural perspective, and hearing their voice and choice. This foundation facilitates early and on-going discovery of all parents, siblings, extended family, tribal, cultural and community connections that can help and leads to honest, supportive, inquiry and planning to address concerns and needs in the areas of safety, permanence well-being and self-sufficiency. The central focus is ensuring the child and family are active participants in identifying the child's needs and in finding solutions to their issues and concerns with child safety, juvenile delinquency, educational achievement, permanence, well-being and self-sufficiency.

Operational Principles:

- Children and families are more likely to enter into a helping relationship when individuals involved have developed trusting relationships.
- The quality of these relationships is the most important foundation for engaging the child and family in a process of change.
- Children and families are more likely to pursue and sustain a plan or course of action that they have voice and choice in designing.

Teaming is the practice of building and strengthening the child and family's support system, whose members meet, communicate, plan together, and coordinate their efforts in a unified fashion to address critical issues/needs. Effective teaming continues the process of engaging the family and generating support for family members and older children to discuss and build on strengths and address needs.

Operational Principles:

- Decisions about interventions are more effective when made by the family team.
- Coordination of the activities of everyone involved is essential and is most effective and efficient when it occurs in regular face-to-face meetings of the family team.
- Children and youth are most successful in achieving independence when they have established relationships with caring adults who will support them over time.



Assessing is the practice of collaborating with a family's team to obtain information about the significant events impacting children and families and the underlying needs that are bringing about their situation. It is an ongoing process that includes the identification of underlying needs (including child and family trauma needs), and helps determine the availability and capability of resources needed to make progress.

Operational Principles:

- When children and families see that their strengths are recognized, respected, and affirmed, they are more likely to rely on them as a foundation for change.
- Assessments that focus on underlying needs provide the best guide for intervention.
- Youth and family must be included in planning and, as much as possible, should make choices about services and interventions.
- Planning for safety, stability, and permanency should fully include educational plans and services for children and youth.

Planning is the practice and process of tailoring plans to build on strengths and protective capacities in order to meet individual needs with each child and family. **Intervening** is the implementation of planned activities and practices that decrease risk, provide for safety, heal trauma, enhance normative behaviors, and promote permanence, well-being and self-sufficiency. Plans evolve and must be flexible to respond to a family's emerging issues and needs.

Operational Principles:

- Children do best when they live safely with their family or kin or, if neither is possible, with a foster family. Siblings should be placed together.
- Group or residential care should never be long-term and should lead to permanence and/or community reentry.
- Children receive care when they need it, not when they qualify for it.
- A menu of seamless (non-categorical) services and resources should be provided and the family's informal helping system is central to supporting sustaining progress.
- Safe reunification occurs more rapidly and permanently when visiting between parents and children takes place in the most normalized environment possible.



Tracking, adapting and transitioning is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, reworking the plan, celebrating successes, adapting to challenges and organizing after-care supports with children and families.

Operational Principles:

- Services should be flexible enough to adapt to the unique strengths and needs of each child and family and should be delivered where the child and family reside.
- Successful transition from formal agency involvement occurs when services and supports are in place to ensure long-term stability (including post permanency supports for children and families).
- Meeting the needs of children and youth to promote emotional well-being and self-sufficiency requires collaboration and shared accountability especially to ensure youth and families are supported no matter their point of entry - be it child welfare, juvenile delinquency or the mental health system.



The RBS Reform Coalition
RECONNECTING CHILDREN, FAMILIES AND COMMUNITIES

Residentially Based Services Reform in California

What is RBS Reform

- California's Residentially-based Services Reform initiative seeks to transform the state's group homes, currently providing long-term congregate care and treatment, to programs combining short-term residential stabilization and treatment with follow-along community-based services to quickly reconnect youth to their families, schools and communities.
- In 2007, with the passage of AB 1453 (Soto), support of the California Department of Social Services (CDSS), financial support from Casey Family Programs, and the creation of the RBS Reform Coalition, reform of the State's system for care and treatment of youth with challenging needs came to fruition.
- The legislation authorized selection of four counties or consortia of counties that, with private partners, will implement alternative program and funding models consistent with the framework document that defines and describes RBS. The lessons learned from these projects informed planning for statewide implementation of RBS reform presented to the Legislature in 2011.



Los Angeles Model

- Los Angeles selected by State to participate in RBS
- Parallel to State reform Los Angeles also working on Group Home Reform since 2005
- The **ResWrap*** model Hathaway-Sycamores Child and Family Services developed with three other providers in Los Angeles in 2004, and presented at previous Alliance Conferences, became the basis for the development of the Los Angeles RBS reform model

*ResWrap combines Residential and Wraparound approaches



LOS ANGELES COUNTY RESIDENTIALLY BASED SERVICES DEMONSTRATION PROJECT

OPEN DOORS

Los Angeles County was selected, along with three other counties (San Bernardino, Sacramento and the Bay Area Consortium) to participate in an AB 1453 “Residentially Based Services” (RBS) demonstration project to shorten timeframes to durable permanency for children who face a residential stay. LA’s plan is to infuse residential care with Wraparound principles (active family voice and choice, facilitated planning process, care coordination, family finding), and transform the traditional residential milieu to a therapeutic community without walls.

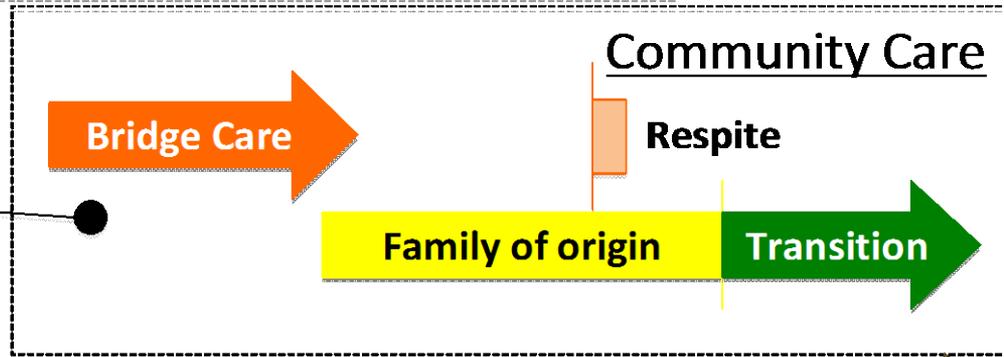
Note: CA is a IV-E Waiver State and Los Angeles County is operating as one of two IV-E Waiver Counties in CA providing it greater flexibility in funding models than other Counties

Open Doors Arc of Care

Therapeutic Milieu Without Walls



- Title IV-E (AFDC-FC)
 - Maintenance
 - Administration
- State AFDC-FC
 - Maintenance
 - Administration



SB-163 Funded WrapAround

EPSDT Funded Mental Health Services

Key Components of Model

- **Target Population**
 - Children in or at risk of RCL – 12/14 placement (**high-end placements**)
 - 52 bed demonstration
 - Approximately 160 children to be served in 2 years
- **The RBS Collaborative Partners**
 - DCFS
 - DMH
 - Five Acres - (Boys only - Ages 6-14 - 18 beds - 2 open)
 - Hillside - (Co-ed - Ages 6-17 - 18 beds - 2 open)
 - Hathaway-Sycamores - (Boys only - Ages 6-17 - 16 beds - 1 open)
- **Innovations**
 - Treatment without walls
 - Family search, engagement, preparation and support from Day 1
 - Flexible funding to support innovation
 - Waiving RCL requirements



Key Components continued

- **Key Features**
 - One Child and Family Team across all environments
 - One plan of care
 - Crisis stabilization without replacement
 - Respite in the community

- **Outcomes** (see resources for details)
 - Safety, Permanency and Well Being;
 - Decreased length-of-stays in residential placements;
 - Reduced re-entry
 - Increased use of informal or “natural” community supports

- **Performance Measures**
 - CAFAS School Report Card
 - CANS WFI-4
 - YSS Client Demographics
 - YSS-F Changes of Placement



Client Eligibility Criteria

- Must be a Department of Child and Family Services (DCFS) Client
- Would Otherwise Need RCL 12 or 14 Placement
 - As Determined by Resource Management Process & CANS (Child and Adolescent Needs and Strengths)
 - Must Enter Residential Treatment Program
- Will Need Significant Community Development Work to Achieve Permanency
- Will Need Significant Family Finding and Development Work to Achieve Permanency
 - Having or not having family not a criteria for admission
 - Bridge care available if family is not ready (foster home, relative home)
- Will Need Intensive Services Post-residential to Sustain Permanency*

* DCFS case must remain open throughout arc of care

The Building Bridges Innovative Self Assessment Tool (SAT)

LA Providers utilized the SAT Tool from Building Bridges

The SAT provides residential programs, the youth and families they serve, and their community program counterparts a useful tool to assess their current activities against best practices consistent with the BBI Joint Resolution Principles.

The SAT is designed to be used with groups of residential and community staff, advocates, families and youth to facilitate discussion on how program and community efforts to implement best practices can be most effectively supported.

The SAT Glossary provides a definition of terms used throughout the SAT. It is available at the BBI website

www.buildingbridges4youth.org



Key Fiscal and Policy Challenges

Fiscal

- How to build a better funding model
- How to creatively overcome existing methods of payment
 - Blending funding streams to pay for model
- Determining IV-E Allowable Costs in model
- Waiving the RCL System

Policy

- How to change current attitudes toward residential care
- Using data to determine how children fare
- Leadership for Reform (CA Alliance / LA County/Providers/Casey Family Programs – \$ support for reform)
- How long public policy changes take to implement
- How to market project to “powers that be” (County BOS/State Officials/County Social Workers etc.)

Fiscal Model for Los Angeles

- The RBS providers will be paid a new RBS case rate which will fund up to ten months in residential care, a Child and Family Team, concurrent family finding engagement, preparation and support, respite, crisis stabilization, and intensive parallel community-based interventions including the development of connections.
- After ten months of residential care (not necessarily concurrent) have been used, the rate will convert to a lower rate to **incentivize** providers to reconnect children with their families and communities and return them quickly to home based settings.
- *Waiving the RCL System* for the RBS Units only; the RCL system will no longer apply so that all Open Doors beds (formerly RCL 12 or 14) represent a single level of care. The Waiver Request reflects the transformed staffing and treatment model outlined in the Voluntary Agreement and the Funding Model.



Fiscal Model for Los Angeles continued

- **Provider is at risk for meeting cost neutrality over a 24 month period - \$147,314**
 - Reconciliation process after 24 month period

- **Reconciliation Process**
 - Average cost per child defined as:
 - The exit cohort
 - Children in care for 24 months during the first 24 months of the Demonstration
 - If average cost is over \$147,314 provider pays difference back to County
 - If average cost is less than \$147,314 savings shared 50/50 between provider and County – dollars to be used for reasonable and allowable child welfare related services

- **Actual Residential Cost Determination**
 - Residential Rate is an estimate
 - Actual costs to be determined at conclusion of project
 - Provider may keep up to 10% excess over actual cost
 - Any excess beyond 10% is returned to the County
 - Rate to be renegotiated if project is extended beyond 24 months



Staffing Model (for a 16 bed facility)



Residential Group Care

| | |
|---------------------------|-------|
| Residential Director | 0.40 |
| Milieu Supervisor | 1.00 |
| Youth Specialists | 14.00 |
| On-Call Youth Specialists | 3.00 |
| | <hr/> |
| | 18.00 |

Community Services Staff

| | |
|-----------------------------|-------|
| Program Director | 1.00 |
| Clinical Supervisor | 1.00 |
| Clinician | 6.50 |
| Lead | 2.00 |
| Family Facilitator | 6.50 |
| Youth Specialist | 6.50 |
| Family Finding & Engagement | 2.00 |
| Lead Parent Partner | 1.00 |
| Parent Partner | 6.50 |
| Family Crisis Response Team | 6.00 |
| Administrative Support | 1.50 |
| | <hr/> |
| | 40.50 |

Mental Health Specialty Staff

| | |
|------------------------------|-------|
| Psychiatric Services | 1.00 |
| Medical Services Staff | 1.50 |
| TBS | 6.00 |
| MHRS Staff/Youth Specialists | 9.00 |
| | <hr/> |
| | 17.50 |

Shared Program Support

| | |
|---------------------------------|-------|
| Program Oversight & Supervision | |
| QA/QI Clinician | 0.50 |
| DMH Billing & Chart Staff | 1.50 |
| | <hr/> |
| | 2.00 |

Total Salaries & Wages

 78.00

Staffing Model for RBS including residential and community components of the model

Techniques Used to Overcome Fiscal and Policy Challenges

- Partnerships of Key Visionary Individuals
 - Including parents and youth in planning
- Re-conceptualizing the use/purpose of residential treatment
- Significant Investment of Time
- Neutral Coordination by 3rd parties (consultants and Casey)
- Building off Wraparound Principles/Values
 - ResWrap Pilot Results
 - Family Decision Making/Child & Family Team
 - Fundamental shift in philosophy on how the family is viewed
 - Realization that many children being successfully served in Wraparound in the community are the same children being referred to residential treatment
- Developing Fiscal Creativity
- Creating cross-team Training and Evaluation Workgroups for the project
- Social Marketing to County Social Workers



Additional Resources

Information on the California RBS Reform Coalition project and other County models can be found at: www.rbsreform.org

Outcome Measures



Outcome Measures

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| | Data Sources/ Data Collection | Frequency of data collection | Data Providers |
|--|----------------------------------|---------------------------------|----------------|
| Outcomes for Children and Families | | | |
| 1. Achievement of permanency: Children at RBS exit with legal permanency (adoption, guardianship and reunification), and any type of placement episode termination | CWS/CMS | Annual | BIS |
| 2. Average lengths of stay (in group care and entire RBS period) | CWS/CMS | Annual | BIS |
| 3. Rates of re-entry into group care and foster care of children enrolled in the RBS program | CWS/CMS | Annual | BIS |
| 4. Analyses of the involvement of children or youth and their families in services planning and treatment (Do children and families have a sense of “voice and choice” in their treatment experience?) | CANS, YSS, YSS-F | Semi-annual | RUM/Provider |
| 5. Client satisfaction | YSS, YSS-F | Semi-annual | Provider |
| 6. Child safety: Substantiated maltreatment while at home or in group care during RBS period | CWS/CMS | Annual | |
| 7. Child well-being: Positive placement changes and # of placement moves | CWS/CMS | Annual | |
| 8. Child educational progress | Child’s case file | Annual | Provider |
| 9. Child and family voice and choice | Child’s case file | Annual | Provider |
| 10. The existence of a connection with a caring adult | Child’s case file | Annual | Provider |



Outcome Measures

Building Bridges
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| | Data Sources/ Data Collection | Frequency of data collection | Data Providers |
|--|----------------------------------|---------------------------------|------------------|
| Systems Operation | | | |
| 11. Use of the program by the County | On-going process | | County |
| 12. The operation of the program by the private nonprofit | On-going process | | Provider |
| Fiscal Outcomes | | | |
| 13. Payments made to the private nonprofit agency by the County | | | Fiscal Workgroup |
| 14. Actual costs incurred by the nonprofit agency for the operation of the program | | | Fiscal Workgroup |
| 15. The impact of the program on State and County AFDC-FC program costs | | | Fiscal Workgroup |
| 16. The impact of the program on State and County Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program costs | | | DMH |
| 17. The impact of the program on State and County Mental Health Services Act (MHSA-Proposition 63) | | | DMH |





Outcome Measures

Building Bridges
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| | Data Sources/ Data Collection | Frequency of data collection | Data Providers |
|---|---|---------------------------------|-----------------------|
| Safety | | | |
| S1. 99.6% of the children/youth who are enrolled in RBS do not have any new substantiated allegations as specified in California Health & Safety Code, Section 1522(b) while receiving services under this contract | CWS/CMS | Quarterly | BIS |
| S2. 100% of Corrective Action Plans (CAPs) are submitted on time and successfully implemented, including facility and safety deficiencies | Corrective Action Plans/Auditor Controller Reports | Annual | Provider |
| S3. 98% of children/youth are free from child-to-child injuries while in the residential site. | Child's Case File/Facility Review Reports/SIR/I-Track | Annual | Provider & Wrap Admin |
| S4. 94% of the children/youth who are enrolled in RBS do not have any new substantiated allegations within one (1) year after graduating from RBS | CWS/CMS | Annual | BIS |
| Permanency | | | |
| P1. 75% of youth that graduate from RBS will not have a subsequent out-of-home placement after six (6) months | CWS/CMS | Semi-annual | BIS |
| P2. 85% of families whose children/youth graduating from the RBS Demonstration Project continue using community based services and supports six (6) months after graduation | Follow-up Reports/ POC | Bi-annually (Dec & June) | Provider |
| P3. CONTRACTOR will maintain an overall average length of stay of ten (10) months or less (in Residential) | CWS/CMS Child's Case File | | BIS Provider |
| P4. 80% of children/youth enrolled will have at least five (5) adult family members and fictive kin (non-relative) identified within ten (10) months of enrollment | POC Child's Case File | | Provider |
| P5. CONTRACTOR will facilitate 100% contact of approved connections | POC Child's Case File | | Provider |

Advancing partnerships among residential and community-based service providers, youth and families to improve lives.

Outcome Measures

| | Data Sources/ Data Collection | Frequency of data collection | Data Providers |
|---|---|---------------------------------|----------------|
| Well Being | | | |
| WB1. 70% rating of family and youth satisfaction with services | YSS/YSS-F WFI-4/CAFAS | Semi-annual | Provider |
| WB2. 70% of youth demonstrate improvement on the behavioral/well-being measures | CAFAS | Semi-annual | Provider |
| WB3. At least 51% of CFT is comprised of informal supports | POC Child's Case File | Semi-annual | Provider |
| WB4. 75% of children/youth maintain at least an 80% school attendance rate or improved attendance rate from previous quarter. | Child's Case File School Report Card | Quarterly | Provider |



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